N15000009510

(ке	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Devine Light Meta	physical Center Inc.	
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Rev. Mary L. Clarke		
		Name of Contact Person	1
		Firm/ Company	
	7007 35th Street E.		
	<u> </u>	Address	
	Ellenton, FL 34222		
		City/ State and Zip Cod	<u> </u>
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
		at ()de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ariment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	Amendment Section Amendment Section Division of Corporations Division of Corporations		
Divi	ision of Corborations	DIVISIO	m or corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Devine Light Metaphysical Center Inc.			
(Name of Corporation as curren	tly filed with the F	orida Dept. of State)	
N15000009510			
(Document Numb	er of Corporation (i	[known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corporati	ion:		
In God's Divine Light Healing and Metaphysical Center, Inc.			The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	tion" or "incorpora	ted" or the abbreviation "	Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		:	1018 HOV
			5 5
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		la, enter the name of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	<u></u>
		, Florida	
	(City)	(Zip C	lode)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ept the obligations of the p	osition.
	ignature of New Res	gistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	*****	_		
Add				
Remove				
5) Change	_	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)	
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<u>**</u>		
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an amendment provides for an exclusions for implementing the amount	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The j must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	•
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated 10/30 / 18	
Signature Kan Many Clarke	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Rev. Mary L. Clarke	
(Typed or printed name of person signing)	
President	
(Title of person signing)	